

| CLAIMS ONLY | | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">10766115</div> | | Filing Date <div style="font-size: 1.2em; font-family: cursive;">1-27-04</div> | |
|-------------|----------|--------|-----------------------|--------|------------------------|--------|-------|---|-------|---|--|
| | | | | | | | | Applicant(s) | | | |
| | | | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total | | | | | | | | | | | |

10766115

1-27-04

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total Indep | 3 | | | | | |
| Total Depend | 29 | | | | | |
| Total Claims | 32 | | | | | |

| * May be used for additional claims or amendments | | | | | | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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